

Vonda M. Wallace
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 097881684	FILING DATE			
						APPLICANT(S)				
CLAIMS										
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND..	DEP.	IND.	DEP.	IND.	DEP.				
2							51			
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46							95			
47							96			
48							97			
49							98			
50							99			
TAL							100			
2.	1						TOTAL IND.			
TAL							TOTAL DEP.			
P.	12	↔	14	↔			TOTAL CLAIMS			
TAL										
AMTS	13		15							

REQUEST AVAILABLE COPY